AFFIDAVIT OF COMPLAINT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised July 2012

Please complete this form to the fullest extent possible. The following sections are required and must be completed in full: I. Identity of Complainant(s)—page 1 III. Violation(s) Alleged—page 3 VI. Certification—page 6						
I. I	DENT	ITY OF	COMPLAINA	NT(S)		
COMPLAINANT'S NAME						
First Name	М	Ι	Last Name			Suffix
COMPLAINANT'S STREET ADDRESS						
Address						
City					State	Zip Code
COMPLAINANT'S TELEPHONE NUMBER						
Home	Work			Cell		
COMPLAINANT'S EMAIL ADDRESS						
COMPLAINANT'S NAME						
First Name	М	I	Last Name			Suffix
COMPLAINANT'S STREET ADDRESS						
Address						
City					State	Zip Code
COMPLAINANT'S TELEPHONE NUMBER						
Home	Work			Cell		
COMPLAINANT'S EMAIL ADDRESS	1					
COMPLAINANT'S NAME						
First Name	М	Ι	Last Name			Suffix
COMPLAINANT'S STREET ADDRESS						
Address						
City					State	Zip Code
COMPLAINANT'S TELEPHONE NUMBER						
Home	Work			Cell		
COMPLAINANT'S EMAIL ADDRESS	1					

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STATE ELECTIONS ENFORCEMENT Revised July 2012



II. IDENTITY OF RESPONDENT(S)

RESPONDENT'S NAME (If known; otherwise write	te ''unkno	own")						
First Name		MI	Last Name					Suffix
RESPONDENT'S STREET ADDRESS (If known	2)							1
Address	1)							
City						State	Zip C	Code
RESPONDENT'S TELEPHONE NUMBER (If)	known)						<u> </u>	
Home	Work			Cell				
RESPONDENT'S EMAIL ADDRESS (If known)					STATUTE(S)	VIOLATE	D (lj	(known)
					Ş			
RESPONDENT'S NAME (If known, otherwise write	e ''unkno	wn")						
First Name		MI	Last Name					Suffix
RESPONDENT'S STREET ADDRESS (If known	1)							
Address	9							
City						State	Zip C	`ode
						Suite	Lipe	, oue
RESPONDENT'S TELEPHONE NUMBER (If)	· · · · ·							
Home	Work			Cell				
RESPONDENT'S EMAIL ADDRESS (If known)	RESPONDENT'S EMAIL ADDRESS (If known) STATUTE(S) VIOLATED (If known)							(known)
						IOLATE	D (1)	KNOWNJ
					§			
RESPONDENT'S NAME (If known, otherwise writ	e "unkno	wn")						
First Name	•	MI	Last Name	-				Suffix
DEGRONDENT'S STREET ADDRESS and	1							
RESPONDENT'S STREET ADDRESS (If known Address	1)							
Address								
<i></i>								
City						State	Zip C	Code
RESPONDENT'S TELEPHONE NUMBER (If)	known)							
Home	Work			Cell				
RESPONDENT'S EMAIL ADDRESS (If known)					STATUTE(S)	VIOLATE	D (lf	known)
					§			
					8			
Commentary I and	1		11:4: 1	· C				
17	-	0	dditional respondents		•			
Please check "See attac	nea A	aaiiionai K	esponaeni Lisi ana ili	si ine	e number oj p	ages.		
	attache	ed	Additional Respondent Lis	st nag	es			
Number of Pages								

AFFIDAVIT OF COMPLAINT

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III. VIOLATION(S) ALLEGED

DATE(S) OF ALLEGED VIOLATION(S) (If known)

CONCISE STATEMENT OF FACTS

Please be as specific as possible with regard to time, place, and the individual(s) taking actions or failing to act, and in describing their actions as well as other witnesses or persons involved. If applicable, please clearly refer to the names of identified respondents, witnesses, and attached evidence (e.g., See Evidentiary Attachment B.). If you have identified more than one respondent, please identify which respondent is alleged to have committed which action and which specific alleged violation of the statutes.

If you are unable to provide the specific identity of any witnesses in the following "**Witnesses**" section, please provide as much identifying information as possible in the below "**Concise Statement of Facts**."

The respondent(s) allegedly violated the law as follows:

Use attached page(s) for additional statement of facts if necessary. Please check "See attached Additional Statement of Facts" and list the number of pages.

See attached _____ Additional Statement of Facts pages



ADDITIONAL STATEMENT OF FACTS

Page _____ of _____

CONCISE STATEMENT OF FACTS continued	

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IV.	WITNESSES
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WITNESS'S NAME (If known)							
First Name		MI	Last Name				Suffix
WITNESS'S STREET ADDRESS (If known)	I						
Address							
City					State	Zip C	ode
WITNESS'S TELEDHONE NUMDED (Channe)							
WITNESS'S TELEPHONE NUMBER (If known) Home	Work			Cell			
WITNESS'S EMAIL ADDRESS (If known)							
WITNESS S EMAIL ADDRESS (I) known)							
WITNESS'S NAME (If known)							
First Name		MI	Last Name				Suffix
WITNESS'S STREET ADDRESS (If known)						I	
Address							
City					State	Zip C	ode
						1	
WITNESS'S TELEPHONE NUMBER (If known)	¥7 1			C 11			
Home V	Work			Cell			
WITNESS'S EMAIL ADDRESS (If known)							
WITNESS'S NAME (If known)							
First Name		MI	Last Name				Suffix
WITNESS'S STREET ADDRESS (If known)							
Address							
City					State	Zip C	ode
Cny					State	Zip C	ouc
WITNESS'S TELEPHONE NUMBER (If known)				[
Home V	Work			Cell			
WITNESS'S EMAIL ADDRESS (If known)							
Copy and atta	ach p	age(s) for a	additional witnesses if	necessarv.			
Please check "See attac					ges.		
See attached Additional Witness List pages							



V. EVIDENCE

ATTACHED DOCUMENTARY OR REAL EVIDENCE

Please identify each attachment by **number of pages**, **title**, **author** and **date** if applicable. Records not identified as attachments shall not be considered a part of the complaint. Please do not provide a website listing as evidence, as this information is subject to change. If you wish to provide Internet or other video or audio communications as evidence, please provide a printed or electronic copy, as appropriate, and list it as an exhibit.

Under "**How Acquired**" please identify your source for the evidence (e.g., delivery from an individual, Internet website, public flyer location). If the source is an individual, please identify the individual in the witness list. If the source is a publication, such as a newspaper, please identify the publication's name and date of the publication.

EVIDENTIARY ATTACHMENT		
Title		Number of Pages
Author	Date of Publi	cation
How Acquired	Date Acquire	d
EVIDENTIARY ATTACHMENT		
Title		Number of Pages
Author	Date of Publi	ration
	Dute of Fuon	cution
Thus Associated	Dete Assessed	
How Acquired	Date Acquire	a
EVIDENTIARY ATTACHMENT		
Title		Number of Pages
Author	Date of Publi	cation
How Acquired	Date Acquire	d
EVIDENTIARY ATTACHMENT	I	
Title		Number of Pages
Author	Date of Publi	cation
How Acquired	Date Acquire	d
<i>Copy and attach page(s) for additional evidence if necessary.</i>		
Please check "See attached Additional Evidence List" and list the number of page	ges.	
See attached Additional Evidence List pages		



VI. CERTIFICATION

1) Each Complainant must sign a separate page and each signature must be separately certified. This complaint will not be considered filed without the name, address, and original **certified** signature of at least one Complainant. Mail or hand-deliver this complaint to:

State Elections Enforcement Commission 55 Farmington Ave Hartford, CT 06105

- 2) Once filed, this complaint may not be withdrawn by the Complainant(s) except by a vote of the State Elections Enforcement Commission.
- 3) I am aware that criminal penalties may be imposed upon any Complainant who, under penalty of false statement, knowingly files a false complaint.
- 4) The State Elections Enforcement Commission's investigation of a complaint is confidential unless and until the State Elections Enforcement Commission votes to authorize an investigation of a complaint. Until such a vote, neither the Commission nor its staff will release or confirm any information about the complaint except upon written request of a treasurer, deputy treasurer, chairperson or candidate affiliated with a committee that is the subject of the complaint or preliminary investigation.

Guides to the elections laws are available at <u>http://www.ct.gov/seec</u> Connecticut General Statutes are available at <u>http://www.cga.ct.gov</u>

CERTIFICATION

I solemnly swear (or affirm) that the above statement is true and accurate to the best of my knowledge and belief.						
COMPLAINANT'S SIGNATURE	DATE (mm/dd/yyyy)					
Sworn and subscribed before me on this day of _	, 20 Seal					
SIGNATURE OF PERSON ADMINISTERING THE OATH	NAME OF PERSON ADMINISTERING THE OATH (Please Print)					
TITLE OF PERSON ADMINISTERING THE OATH						
Note: This oath may be administered by anyone authorized by Section 1-24 of the Connecticut General Statutes, which includes: notaries public; justices of the peace; town clerks and assistant town clerks; judges and clerks of any court; and attorneys who are Commissioners of the Superior Court of Connecticut.						

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